MANE   HERRMANN, EDWARD   12 NAME   13 STREET ADDRESS   2702 NORTHSIDE DR   14 CITY-ST-ZIP	NO COR ANNU	NOR BEFORE 8/7/96: \$61.25 (IF DISSO INPROFIT PORATION JAL REPORT		FLORIDA DEPAR Sandra I	RTMENT B. Mortha ary of Sta	OF STATE am					
BOYNTON BEACH FIRE DEPARTMENT VOLUNTEERS, INC.  Principal Place of Business 100 E BOYNTON BEACH R 1905  3. Date incorporation or Qualified 3a. Deep of Last Record Q2/16/1987  3. Date incorporation or Qualified 3a. Deep of Last Record Q2/16/1987  3. Date incorporation or	DOCU	MENT# N1926	<del>6</del>	(8)							
Principal Place of Business 100 E BOWTON BEACH BLVD BOWTON BEACH BLVD BOWTON BEACH R 13415  3. Date incorporated or Qualified 3. Date incorpor	·	n Name		• •	INIC						
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Suite, Apt #, etc.    20		ace of Business	<del></del>	g Address							
City & State    City & State		#, etc.	— · · · · ·	Apt. #, etc.			5. Certificate of Status Desired		-		
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HERNANDEZ, DEREK 100 E. BOYNTON BEACH FL 33435  81    Silvent Address (P.O. Box Number is Not Acceptable)  11. Present to the provisions of Sections \$17 0000 and \$17 1500. Foods Statutes (P.O. Box Number is Not Acceptable)  11. Present to the provisions of Sections \$17 0000 and \$17 1500. Foods Statutes (P.O. Box Number is Not Acceptable)  11. Present to the provisions of Sections \$17 0000 and \$17 1500. Foods Statutes (P.O. Box Number is Not Acceptable)  11. Present to the provisions of Sections \$17 0000 and \$17 1500. Foods Statutes (P.O. Box Number is Not Acceptable)  11. Present to the provisions of Sections \$17 0000 and \$17 0500. Foods Statutes (P.O. Box Number is Not Acceptable)  11. Present to the provisions of Sections \$17 0500 and \$17 0500. Foods Statutes (P.O. Box Number is Not Acceptable)  11. Present to the provisions of Sections \$17 0500 and \$17 0500. Foods Statutes (P.O. Box Number is Not Acceptable)  12.		Country	<del></del>		Co	untry	<del></del>	ntangible			
HERNANDEZ, DEREK 100 E. BOYNTON BEACH BLVD. BOYNTON BEACH FL 3343S  82 Street Address (PO. Box Number is Not Acceptable)  11. Pursuani to the provisions of Sections 617.0502 and 617.1506, Florida Statutes. In each office or registered agent, or both, in the State of Florida Soun change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Soun change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office. I have been substanced or present and the Tapicacete (NOTE Registered signature registered agent.) I have been present a present and the Tapicacete (NOTE Registered signature registered agent.) I have been present and the Tapicacete (NOTE Registered signature registered agent.) I have been present and the Tapicacete (NOTE Registered signature registered agent.) I have been present and the Tapicacete (NOTE Registered signature registered agent.) I have been present and the Tapicacete (NOTE Registered signature registered agent.) I have been present and the Tapicacete (NOTE Registered signature registered agent.) I have been present and the Tapicacete (NOTE Registered signature registered agent.) I have been present and the Tapicacete (NOTE Registered signature registered agent.) I have been present and the Tapicacete (NOTE Registered signature registered agent and the Tapicacete (NOTE Registered signature registered agent and the Tapicacete (NOTE Registered	24	1		\cent	30	1		<del></del>			-
10 E. BOYNTON BEACH BLVD. BOYNTON BEACH SLVD. BOYNTON BEACH FL 33435  B4 City FL 85 Zyp Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1506. Plonida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Jen femiliar with, and accept the obligations of, Section 617 0503, Plonida Statutes and the purpose of changing its registered agent. Jen femiliar with, and accept the obligations of, Section 617 0503, Plonida Statutes and the purpose of changing its registered agent and accept the obligations of, Section 617 0503, Plonida Statutes  SIGNATURE  Signature, hydro or private name of ingotieved agent and side if agriculties. (NOTE Requires Agent squares are remaining)  DELETE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. TIME  DELETE  11. TIME  DELETE  12. TIME  Change  Addition  NAME  NOUCIECHOWSKI, STEVE  310 LINE OAK LN  22. STREET ADDRESS  310 LINE OAK LN  23. STREET ADDRESS  NOTION BOH FL  24. STATE ADDRESS  NOTION BOH FL  DELETE  33. TIME ADDRESS  NOTION BOH FL  DELETE  34. TIME  DELETE  34. TIME  DELETE  34. TIME  DELETE  55. TIME  Change  Addition  NAME  STREET ADDRESS  OTY-ST-ZP  TIME  DELETE  55. TIME  Change  Addition  NAME  STREET ADDRESS  OTY-ST-ZP  TIME  DELETE  55. TIME  Change  Addition  NAME  STREET ADDRESS  OTY-ST-ZP  TIME  DELETE  55. TIME  Change  Addition  Change  Addition  Change  Addition  NAME  STREET ADDRESS  OTY-ST-ZP  TIME  DELETE  55. TIME  Change  Change  Addition  NAME  STREET ADDRESS  OTY-ST-ZP  TIME  DELETE  55. TIME  Change  Change  Addition  NAME  STREET ADDRESS  STREET						81 Name			190111		1
BOYNTON BEACH FL 3343S    Ba						82 Street Add	ress (P.O. Box Number is Not Acceptab	e)			1
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or me familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Stream of the purpose of changing its registered office of 17.0503, Florida Statutes. The familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. The companies of the purpose of change agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. The companies of the purpose of change agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. The companies of the purpose of change agent. I am familiar with a provided agent. I am familiar with a provi						63					
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Piorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes authorized by the corporation's board of directors. I hereby accept the appointment as registered engine. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes authorized by the corporation's board of directors. I hereby accept the appointment as registered general registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered general registered provided and the provided statutes. I hereby accept the appointment as registered defined agent agents and the provided statutes. I hereby accept the appointment as registered defined agent agents and the provided statutes. I hereby accept the appointment as registered defined agent agents and the provided statutes. I hereby accept the appointment as registered defined agent agents and the provided statutes. I hereby accept the appointment as registered defined agent agents and the appointment as registered defined agent. I am familiar with, and accept the appointment as registered defined agent agents and accept the appointment as registered defined agent. I hereby accept the appointment as registered defined agent agents and accept the appointment as registered defined and accept the appointment as registered defined agent agents and accept the appointment as registered defined and accept the appointment as registered accept the accept the accept agent ag						84 City		FI	<b>85</b> Zip	Code	1
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further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and	14. I do hereb further cer	rtify that the information indicated on t	his annual rep	xort or suppleme	rnished a	and does not qua	and accurate and that my signature sha	I have the	same lega	Leffect as if	
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SIGNATURE:  SIGNATURE APPTIPED OF PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR  Date  Date  Date  Dayling Phone #	SIGNAT	URE:	والتخسير			§ · ( )					l